

Work Order ID 92535

92535

Page 1

October-31-12 11:40:13 AM

Item ID: 647.1814

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset LH

Stop

NS2

Start Date: 10/31/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 11/16/12 Req'd Qty: 1.00

1

Customer:

Reference:

| | | | | | | | |
|------------|-------------------|----------------|------------|-------|------|-------|-------|
| Approvals: | Process Plan: MLS | Date: 12-11-01 | Tooling: | Date: | Run | Start | *NR1* |
| QC: | | Date: | SPC (Y/N): | Date: | Stop | | *NR2* |

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr | Memo | 0.00 | 1 | 0 | JM 12-11-10 |
|-------------------|---|-----------------------|------|---|---|-------------|
| 647.7300 | N/C | | | | | |
| 110 | | | 0.00 | | | |
| *110* | | | | | | |
| Waterjet | | | | | | |
| FLOW CNC Waterjet | | 1-Cut as per Dwg | | | | |
| 2024 .040 | | Dwg Rev: N/C | | | | |
| | | Prog Rev: N/C | | | | |
| | | 2-Deburr if necessary | | | | |
| 120 | QC2- Inspect parts off machine FAI/FAIB | | 0.00 | | | |
| *120* | | | | | | |
| QC | | Memo | 0.00 | | | |
| Quality Control | | | | | | |

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date: * ,

QA Closed: _____ Date: _____

| Work Order: _____ | | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | |
|------------------------------|--|----------------|------|---|--|--|--|---------------------------------|--------------|--------------|--|
| | | | | Rework Scrap Use-as-is Work Order Update | Skid-tube Machining Thermoforming Large Fab | Crosstube Small Fab Finishing Composite | Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier | Engineering Quality Other | | | |
| Part No. _____ | | | | | | | | | | | |
| NCR No. _____ | | | | | | | | | | | |
| Root Cause | | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear | | | | General | | | | | | | |
| Bending | | Bend | | Grain | | Ovalized | | Pressure/Forced | | | |
| Centre Not Concentric to O/S | | BOM/Route | | Hardware | | Over/Under tolerance | | Temperature/Cure | | | |
| Cracks | | Broken/Damaged | | Inspection Incomplete | | Part Incorrect | | Weld | | | |
| Crushed/Crimped. | | Burrs | | Instructions Incomplete/Unclear | | Part Lost/Missing | | Wrong Stock Pulled | | | |
| Cuffs | | Contamination | | Maintenance | | Part Moved | | | | | |
| Heat Treat | | Countersink | | Mislabeled | | Positioned Wrong | | | | | |
| Inspection Strip in Tube | | Cut Too Short | | Misread | | Power Loss/Surge | | | | | |
| Ripples in Bend | | Drill Holes | | Offset | | | | | | | |
| Torque Waves in Extrusion | | Drawing | | Out of Calibration | | | | | | | |
| Turning Sequence | | Finish | | Out of Sequence | | | | | | | |
| Wave/Twist in Tube | | Folio | | Outside Dimensions | | | | | | | |

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Page 2

October-31-12 11:40:13 AM

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Item Name: Gusset LH

Stop

NS2

Start Date: 10/31/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 11/16/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC8- Inspect parts - second check

0.00

DAS
15
89

/

130

QC

Quality Control

Memo

12-11-13

140

Form as per dwg

0.00

/

140

Brake NC

Brake NC

Memo

0.00

SP
12/11/13

150

QC5- Inspect part completeness to step on W/O

0.00

DAS
15
89

/

150

QC

Quality Control

Memo

0.00

12-11-13

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | | | | | |
|--|---|------|--|---|------------------------------------|---|--------------------------------------|--------------|--------------|--|--|--|---|--|--|--|
| | | | <input type="checkbox"/> Rework | <input type="checkbox"/> Skid-tube | <input type="checkbox"/> Crosstube | <input type="checkbox"/> Water Jet | <input type="checkbox"/> Engineering | | | | | | | | | |
| | | | <input type="checkbox"/> Scrap | <input type="checkbox"/> Machining | <input type="checkbox"/> Small Fab | <input type="checkbox"/> Prod. Eng. Coor. | <input type="checkbox"/> Quality | | | | | | | | | |
| | | | <input type="checkbox"/> Use-as-is | <input type="checkbox"/> Thermoforming | <input type="checkbox"/> Finishing | <input type="checkbox"/> Rec/Store/Packaging | <input type="checkbox"/> Other | | | | | | | | | |
| | | | <input type="checkbox"/> Work Order Update | <input type="checkbox"/> Large Fab | <input type="checkbox"/> Composite | <input type="checkbox"/> Supplier | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | | | | | |
| Doc/Data | | | | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | | | |
| | | | | | | | | | | | | | | | | |
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Page 3

October-31-12 11:40:13 AM

Item ID: 647.1814

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset LH

Stop

NS2

Start Date: 10/31/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 11/16/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

| | | | | | | | |
|------------|---------------|-------|----------|-------|-----|-------|-------|
| Approvals: | Process Plan: | Date: | Tooling: | Date: | Run | Start | *NR1* |
| | | | | | | Stop | *NR2* |

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|-----------------------------------|---|----------------------|---------------------------------------|--------|--------------|---------------|---------------|------------------|-----------------------|
| 160 *160* Outsource4 | Outsource process-Anodize per QSI017 4.1.10.1 | 0.00 | | | | | | | <i>Col 12/11/14 ①</i> |
| | Memo | 0.00 | | | | | | | |
| | ISSUE P/O: <u>18399</u> | | | | | | | | |
| | HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2) | | | | | | | | |
| 170 *170* Packaging | Receive & Inspect for Damage & Mat'l Certs | 0.00 | | | | | | | <i>12/11/14 ②</i> |
| | Memo | 0.00 | | | | | | | |
| Packaging | | | | | | | | | |
| 180 *180* QC | QC5- Inspect part completeness to step on W/O | 0.00 | <i>AS</i> <i>15</i> <i>9-89</i> | | | | | | <i>J</i> |
| Quality Control | Memo | 0.00 | <i>12/11/29</i> | | | | | | |

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | | | |
|--|------|------|---|--|--|--|---|--------------|--------------|---|--|--|--|
| | | | Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | | |
| Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/> | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | | | |

Work Order ID 92535

92535

Page 4

October-31-12 11:40:13 AM

Item ID: 647.1814

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset LH

Stop

NS2

Start Date: 10/31/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 11/16/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

190

SprayPaint

Spray Painting

Memo

0.00

1 0 0 12-12-15

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)

CARDINAL 4860-50 PRIMER BATCH: 123C93

200

200

QC

Quality Control

QC14- Inspect Spray Paint

0.00

DAS
05
2012

12-12-18

210

210

Packaging

Packaging

Identify as per dwg & Stock Location: 189C 0.00

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

12/1/12 C

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date: ,

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | |
|--|------|------|---|--|--|--|---|---------------------------------|--------------|--|--|
| | | | Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> | | | | |
| Part No. _____ | | | | | | | | | | | |
| NCR No. _____ | | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear | | | | General | | | | | | | |
| Bending | | | | Bend | | | | Grain | | | |
| Centre Not Concentric to O/S | | | | BOM/Route | | | | Hardware | | | |
| Cracks | | | | Broken/Damaged | | | | Inspection Incomplete | | | |
| Crushed/Crimped. | | | | Burrs | | | | Instructions Incomplete/Unclear | | | |
| Cuffs | | | | Contamination | | | | Maintenance | | | |
| Heat Treat | | | | Countersink | | | | Mislabeled | | | |
| Inspection Strip in Tube | | | | Cut Too Short | | | | Misread | | | |
| Ripples in Bend | | | | Drill Holes | | | | Offset | | | |
| Torque Waves in Extrusion | | | | Drawing | | | | Out of Calibration | | | |
| Turning Sequence | | | | Finish | | | | Out of Sequence | | | |
| Wave/Twist in Tube | | | | Folio | | | | Outside Dimensions | | | |
| Pressure/Forced Temperature/Cure Weld Wrong Stock Pulled Other | | | | | | | | | | | |

Work Order ID 92535

92535

Page 5

October-31-12 11:40:13 AM

Item ID: 647.1814

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset LH

Stop

NS2

Start Date: 10/31/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 11/16/12 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

220

QC

Quality Control

Memo

0.00

13/1/10 *SD*
MLJ 13-01-09

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | |
|--|-------------------|---------------|-------------|---|----------------------------|---|-------------|--------------|--------------|---|--|
| Part No. _____ | Rework | Scrap | Skid-tube | Crosstube | Water Jet | Engineering | | | | | |
| NCR No. _____ | Use-as-is | Thermoforming | Small Fab | Finishing | Prod. Eng. Coor. | Quality | | | | | |
| | Work Order Update | Large Fab | Composite | Rec/Store/Packaging | Supplier | Other | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/> | |
| | | | | | | | | | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/> <hr/> | |
| | | | | | | | | | | <input type="checkbox"/> Other | |

Picklist Print

October-31-12 11:40:13 AM

Page 1

Work Order ID: 92535

Parent Item: 647.1814

Parent Item Name: Gusset LH

Start Date: 10/31/12

Required Date: 11/16/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-----------------|------------------|---------------|----------------|--------|
| M2024T3S.040 2024-T3 .040 sheet | | Purchased | No | | | 110 | sf | 200.9512 | 0.085 | 0.0894737 0.1 | | JM 12-11-10 | |
| <hr/> | | | | | | | | | | | | | |
| | | | | <u>Location</u> | | | <u>Loc Qty</u> | | <u>Loc Code</u> | | | | |
| | | | | MAT022 | | | 200.9511626 | | | | | | |
| | | | | | 120605 | | 32.9127416 | | | | | | |
| | | | | | 121197 | | 32.498421 | | | | | | |
| | | | | | 122136 | | 22.39 | | | | | | |
| | | | | | 123217 | | 113.15 | | | | | | 123217 |

NCR: Yes / No

WORK ORDER NON-COMPLIANCE / UPDATE

DQA: Date: .

QA Closed: Date:

| | | |
|-----------------------------------|--------------|-------------|
| DART AEROSPACE LTD | Work Order: | 92535 |
| Description: Gusset LH | Part Number: | 647-1814 |
| Inspection Dwg: 647-1800 Rev: N/C | | Page 1 of 1 |

FIRST ARTICLE INSPECTION CHECKLIST

| | |
|--------------|----------|
| Measured by: | Jm |
| Date: | 12-11-10 |

| | |
|-------------|----------|
| Audited by: | 15 |
| Date: | 12/17/13 |

| | |
|------------------------------|--|
| Preliminary Approval: | |
| Date: | |

| Rev | Date | Change | Revised by | Approved |
|-----|----------|----------------------------|------------|----------|
| E | 10.04.14 | Added preliminary approval | KJ | |

~~10.04.15.~~

RECEIVED SEARCHED INDEXED FILED APR 10 1968
U. S. GOVERNMENT PRINTING OFFICE: 1968 6-1400

NOTES:

MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4

**FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,
CLASS 2, COLOR BLACK;
CARDINAL 4860-SG PRETREATMENT PRIMER
PRIME IAW MIL-P-2337J TYPE I CLASS N**

3. DEBURR AND BREAK ALL SHARP EDGES

4. IDENTIFY IAW MPP-120

SUGAR Cane

RETRIEVER

ENGINEERS

UNCONTROLLED.

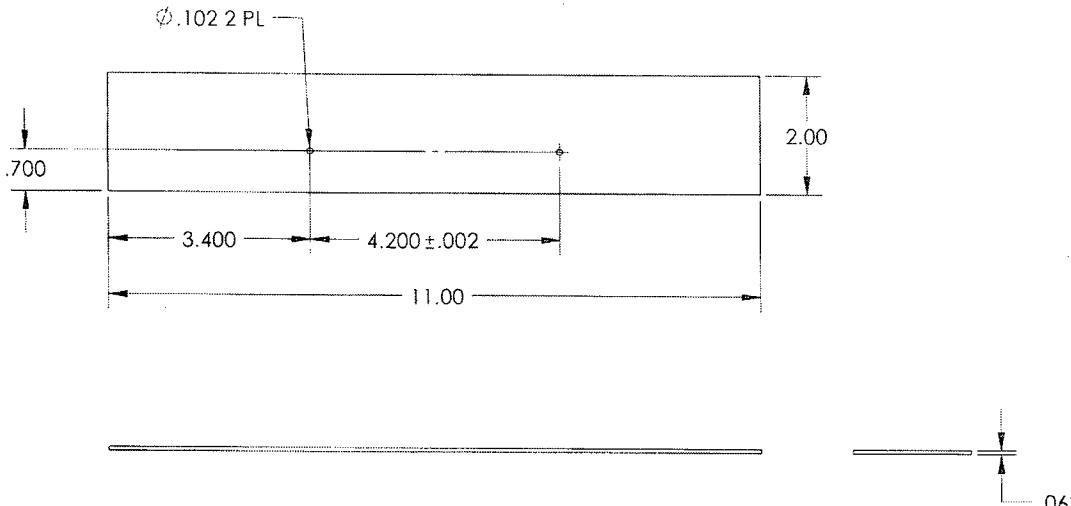
SUBJECT TO APPROVAL

WITNESS

WORKERS

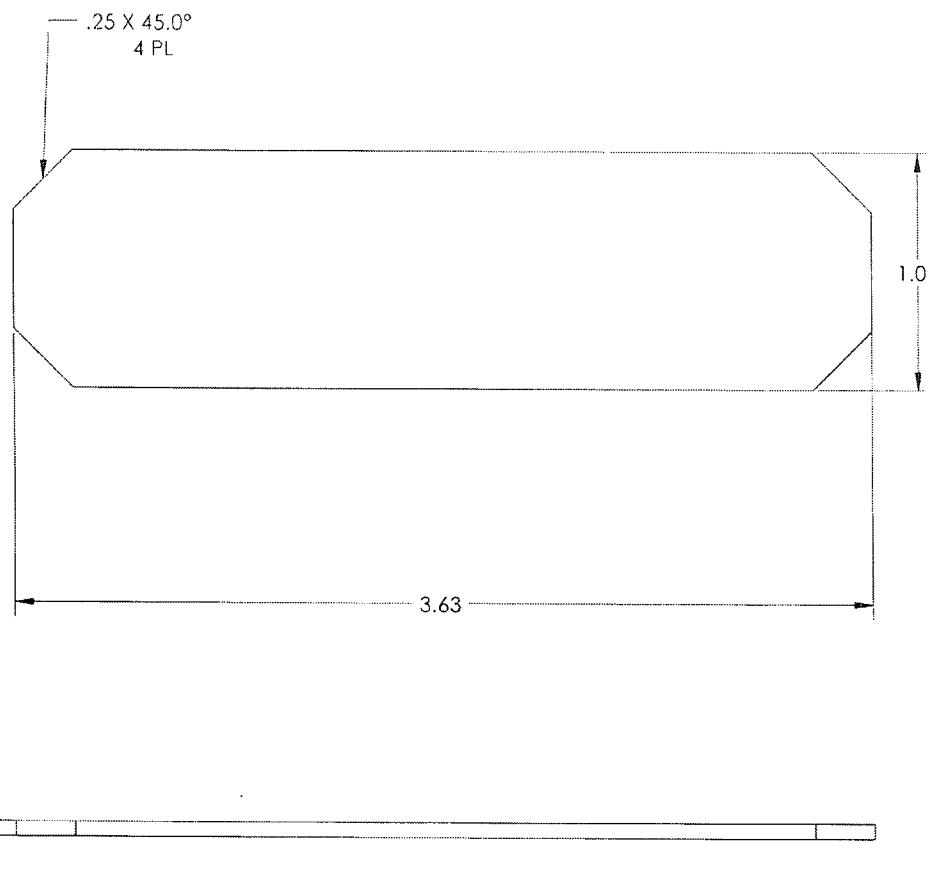
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12-11-0



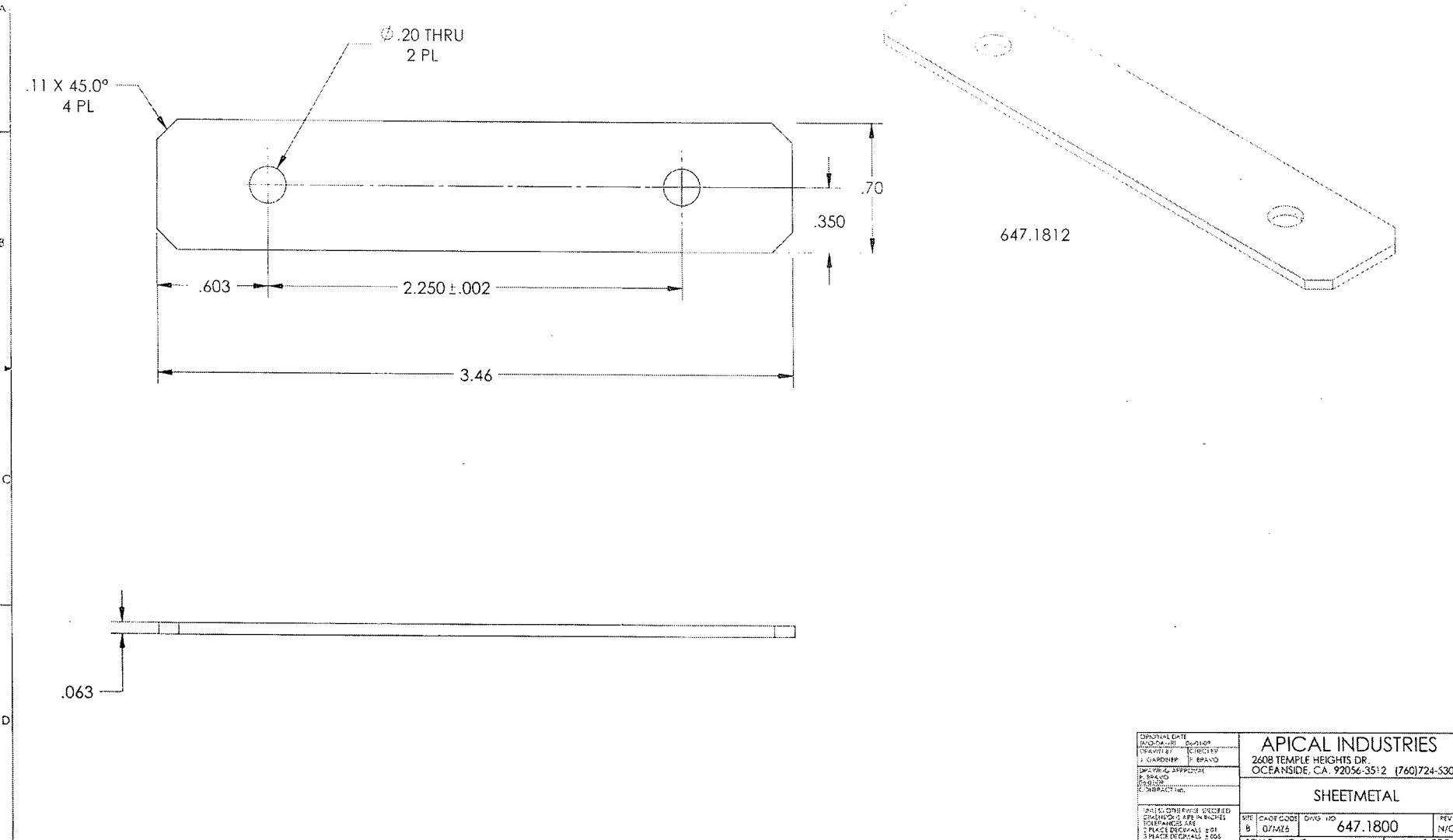
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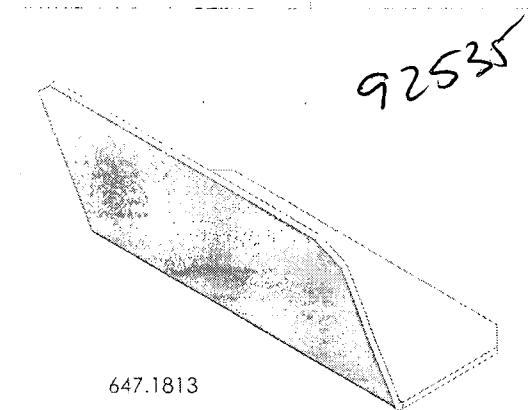
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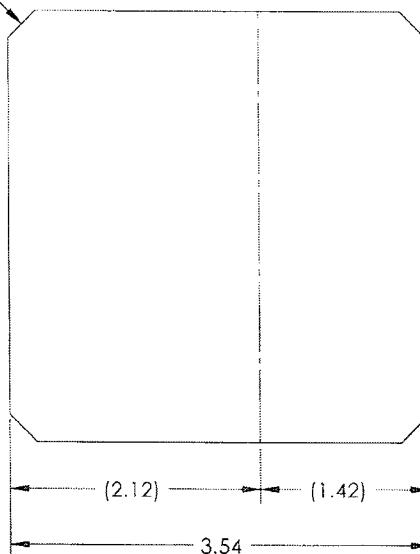
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|---|-------|---|----------|
| GENERAL DATA | | APICAL INDUSTRIES | |
| DRAWN BY: D. BURGESS | | 2608 TEMPLE HEIGHTS DR. | |
| CHARTERED: P. INVALO | | OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| DRAWING APPROVAL: | | DRAFTED: | |
| SHEETMETAL | | COMPUTERIZED | |
| UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 2 PLACE DECIMALS ± .01 3 PLACE DECIMALS ± .001 4 PLACE DECIMALS ± .0001 | | | |
| REV. B | 07M26 | DNO. NO. | 647.1800 |
| SCALE: NONE | | REV. | N/C |
| SHEET 2 OF 7 | | | |

92535

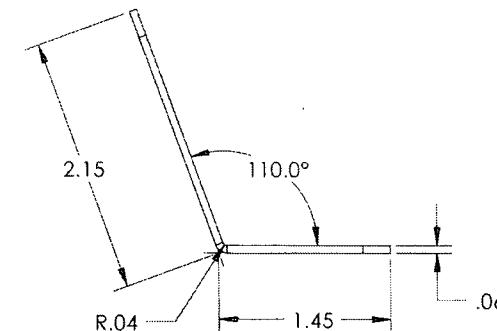
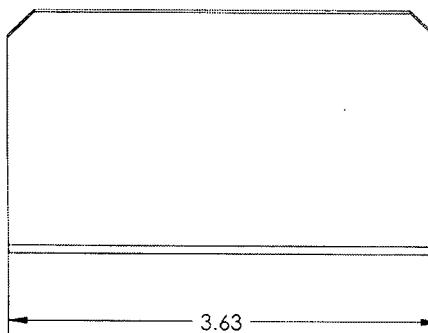




.23 X 45.0°
4 PL



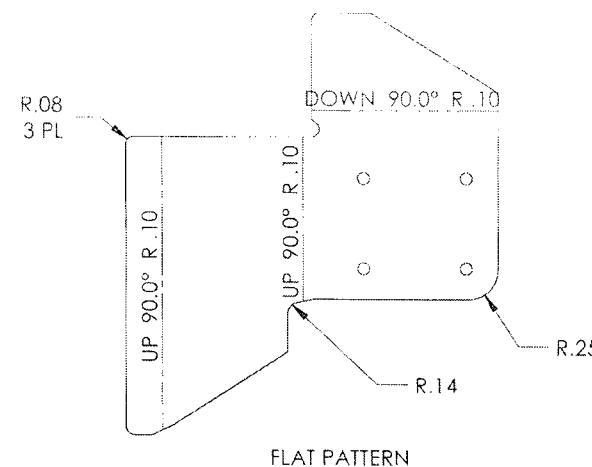
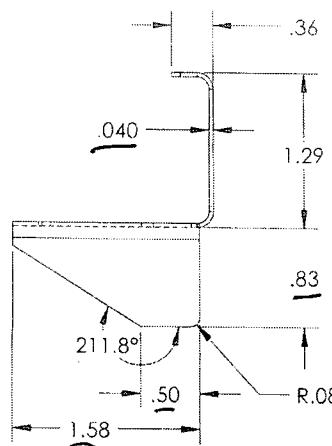
FLAT PATTERN



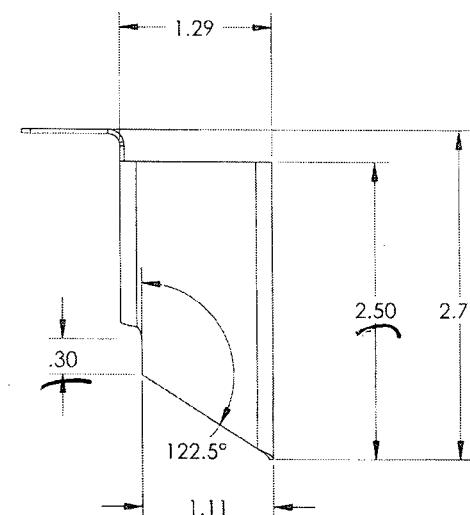
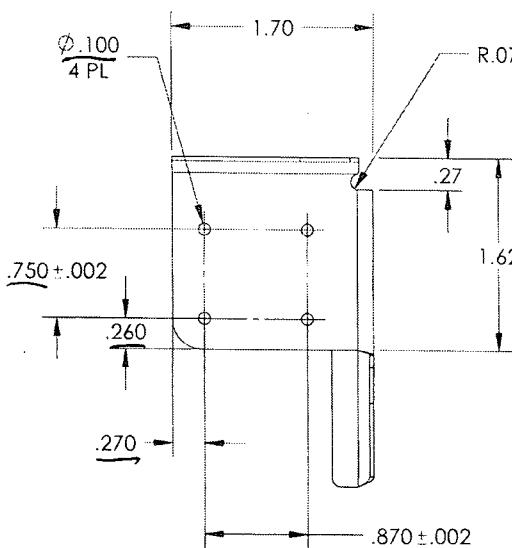
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|---|-----------|
| DRAWN BY | SCHREIBER |
| DRAWN DATE | 05-16-06 |
| APPROVED BY | P. WACO |
| APPROVAL DATE | 05-16-06 |
| CC APPROVAL | |
| UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES PLACE DECIMALS .00 ANGLES IN DEGREES | |
| REV | N/C |
| CASE CODE | 647.1800 |
| DRAWING NO. | 647.1800 |
| SCALE | None |
| SHEET 4 OF 7 | |

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR
OCEANSIDE, CA 92056-3512 (760)724-5300

a2535



647.1814 SHOWN
647.1815 OPPOSITE



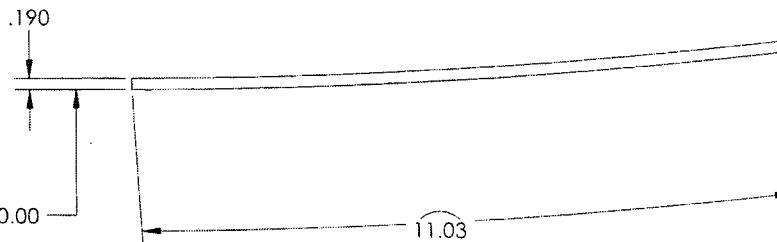
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|---|--------------------------|---|
| ORIGINAL DATE 10-04-01 | REVISION 0 | APICAL INDUSTRIES |
| DRAWN BY J. GARDNER | CHEC'D BY F. SPALDING | 2608 TEMPLE HEIGHTS DR. |
| DESIGN APPROVAL P. BRAVO | RELEAS'D BY P. BRAVO | OCEANSIDE, CA. 92056-3512 (760)724-5300 |
| CONTRACT NO. | | |
| INVESTIGATE SPECIFICATIONS DIMENSIONS ARE IN INCHES TOP PLATE THICKNESS .031 UPPLATE THICKNESS .030 ANGLES ± 2° | | |
| SER. PAGE CODE | DRWGS NO. | REV. N/C |
| B UTMZ6 | 647.1800 | |
| SCALE: NONE | | |
| SHEET 5 OF 7 | | |

92535



.75

647.1818



R100.00

11.03

.190

| | | |
|--|--------------------------|---|
| DRAWING DATE 10/10/01 | PRINTED DATE 10/10/01 | APICAL INDUSTRIES |
| DESIGNER J. GARDNER | CHECKER P. BRAVO | 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300 |
| DRAWING APPROVAL P. BRAVO | CONTRACT NO. | SHEETMETAL |
| CONTACT NO. | | |
| CHIEF ENGINEER APPROVED S. SCHAFFNER APPROVED | REV. | |
| TOLERANCES ARE IN INCHES | DATE ISSUED | 647.1800 |
| 1 PLACE DECIMAL - 2 DIGITS | B 07M26 | N/C |
| 2 PLACES - 3 DIGITS | | |
| SCALE: 1:NONE | SDC: N/C | 7 OF 7 |



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62076

Date: 27-Nov-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms | Ship Via | |
|--|--|----------------------|
| | | |
| Quantity | Description | Rev: |
| 1 lot | Part: ASST 4 PCS D4410-11 2 PCS 647.1612 14 PCS 647.1812 11 PCS 647.1613 1 PCS 647.1810 2 PCS 647.1811 8 PCS 647.1814 11 PCS 647.1815 10 PCS 646.3110 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120737 | PO: PO18399 Line: |
| Certificate of Conformance | | |
| A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order. | | |
| ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY | | |
| DATE: <u>27/11/12</u> | | |
| CERTIFIED SIGNATURE: <u>MW</u> | | |
| RECEIVER SIGNATURE: _____ | | |